



Bespoke birth for the modern z generation

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Bespoke birth for the modern z generation

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Bespoke birth should not be private business it should be our core business and bespoke birth is birth with and without technology.

I want to share the reasons for this statement with you based on a recent paper I presented at the Palazzo Medici Riccardi in Florence, Italy. This was a culmination of research data, theory and personal beliefs based on 20 years of research.

Online support and e-connectivity are hallmarks of the modern generation of new mothers who communicate more with each other than us as their health professionals. As more of our mothers are coming from the z generation, it is important for us as health professionals to be ready for the bespoke birth experience that these women are likely to request. The z generation are technologically savvy and expect to see machines and devices as they grew up in the world of the internet. We live in a world where an electronic myriad of data drives, accelerates and touches lives with the push of a button, creating momentous change and it is in this rapidly digitalised world that precious human birth takes place.

Academically, we can define concepts, build theories, create designs and develop products and devices that are relevant, effective and meaningful to those who need and use them. With more and more midwives obtaining PhDs and engaging in research, we use the internet for accessing NICE guidelines, WHO updates, safety alerts and we also use the rapidly growing research link databases such as ORCID, Research Gate and Academia.eu, to name a few.

We cannot function without technology as it provides health professionals with online data. We use monitoring and surveillance technologies and we access electronic records, APPS, online library databases and laboratory results. We are beginning to use robots for teaching mechanisms of normal labour, second life and avatars for education and training in breastfeeding. In addition, technology is a platform for social and political activity and we need to start using technology with our parents to let them know we will support them in achieving their 'bespoke birth', whatever that is for them.

We need to remember that as soon as the baby is born, the mobile phone is out and the pictures are sent to a growing number of platforms such as YouTube, WhatsApp, Snapchat, Yeller and many others. Politicians and our own RCM are using twitter and Facebook to communicate key messages to inform or seek support. Our conferences are moving from face-to-face to webinars and live streaming. Our world is changing rapidly because of new technologies that permeate every aspect of our lives. We have new communication portals, instant access, instant feedback and, most of all, we need to remember that every mother and father we meet has access to the same online data as we have and this is why I would stress the importance of

us engaging in online searching as part of our everyday midwifery practice.

Mothers can find apps for pregnancy, birth, infant feeding child development and of course they can online purchasing of fetal monitors, mini scanning devices, DNA profile kits, abortion kits and abortion pills. Naturally, the marketers' are very interested in pregnant women and this is evidenced in Google's analysis of online searches by pregnant women that demonstrated:

'New and expecting parents do twice as many searches as non-parents and health is their biggest concern. Mobile searches @ babies & parenting have grown 25% since 2013 and views of parenting videos on YouTube were up 329%' (Rost et al, 2014).

I undertook a simple Google search to see if there were any devices to prevent perineal tearing, as that is a big fear for most mothers. I was amazed to find this Swedish trial data from a sample of 1148 women testing a new perineal protection device by Leveson et al in 2014 with positive results (significant reduction in first- and second-degree tears). This is the type of data women will present to us in the future. They will challenge us to use birth technologies that are evidence-based and come to us with the data downloaded onto their mobile device. They will also expect us to use sensor technologies based on evidence from current trials, as this is technology that can enable women to stay at home for longer. We can be reassured that the mother and baby are well because we have full access to the mother by live chat and her data and that of her baby can be viewed real time using sensor technology. This is our future.

We need to engage with women and birth technology on an everyday basis. With rapid advances in personalised medicine, epigenetics and more recently robotics, the lifeworld of the z generation of new mothers is an exciting field of new technologies. We must stand as a multiprofessional team of midwives, obstetricians, anaesthetists, paediatricians and researchers actively engaged in partnership activities to determine guidelines for the appropriate use of old, new and future birthing technologies with our parenting groups and policy-makers.

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